

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Graves for Congress

ADDRESS (number and street)

2345 Grand, Suite 2400

☐Check if different
than previously
reported. (ACC)

Kansas City

MO

64108

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00359034

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

MO

6

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jean Paul Bradshaw

Signature of Treasurer

Electronically Filed by Jean Paul Bradshaw

Date

0 1

2 5

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	2060.00	441368.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2060.00	441368.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19882.70	75233.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19882.70	75233.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8578.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2644.65	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Graves for Congress

Report Covering the Period:

From:

M M
1 1D D
2 8Y Y Y Y
2 0 0 6

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 6**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

1000.00

410597.00

(ii) Unitemized.....

60.00

29771.50

(iii) TOTAL of contributions

from individuals..... ▶

1060.00

440368.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

1000.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

2060.00

441368.50

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.48

5.06

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

2060.48

441373.56

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19882.70	75233.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1275.00	1275.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	21157.70	76508.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27676.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2060.48
25. SUBTOTAL (add Line 23 and Line 24).....	29736.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21157.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8578.88

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 27

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Physical Therapy PAC

Mailing Address 1111 N. Fairfax Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 6

Transaction ID: 70117.C8250

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

David R. Melton

Mailing Address 314 Dublin Circle

City

Smithville

State

MO

Zip Code

64089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ozark National Life Insurance

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 70117.C8252

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 27

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Kansas City Star		Transaction ID: 70117.E2828 Date of Disbursement <div> <div>12</div> <div>29</div> <div>2006</div> </div>
Mailing Address 1729 Grand		Amount of Each Disbursement this Period <div>31.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUBSCRIPTION
City Kansas City State MO Zip Code 64108-	<div>Category/Type</div>	
Purpose of Disbursement SUBSCRIPTION	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) UMB Visa		Transaction ID: 70117.E2794 Date of Disbursement <div> <div>12</div> <div>27</div> <div>2006</div> </div>
Mailing Address 1010 Grand Blvd.		Amount of Each Disbursement this Period <div>3395.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
City Kansas City State MO Zip Code 64106-	<div>Category/Type</div>	
Purpose of Disbursement CREDIT CARD: SEE BELOW	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Aladin Storage		Transaction ID: 70117.E2813 Date of Disbursement <div> <div>11</div> <div>20</div> <div>2006</div> </div>
Mailing Address 701 North 291 Highway		Amount of Each Disbursement this Period <div>49.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: STORAGE RENTAL
City Liberty State MO Zip Code 64068-	<div>Category/Type</div>	
Purpose of Disbursement STORAGE RENTAL	<div>Category/Type</div>	
Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3426.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

Full Name (Last, First, Middle Initial)

A. Aladin Storage

Mailing Address 701 North 291 Highway

City State Zip Code
Liberty MO 64068-

Purpose of Disbursement
STORAGE RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

170.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: STORAGE RENTAL

Full Name (Last, First, Middle Initial)

B. Barry Point 66

Mailing Address 9795 NE Barry Road

City State Zip Code
Kansas City MO 64154-

Purpose of Disbursement
GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.54

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

C. Big T Motel

Mailing Address 406 S. 10th Street

City State Zip Code
Tarkio MO 64491-

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

533.42

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Embassy Suites

Mailing Address 7640 NW Tiffany Springs

City Kansas City State MO Zip Code 64153-

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2801

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

162.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

Full Name (Last, First, Middle Initial)

B. Embassy Suites

Mailing Address 7640 NW Tiffany Springs

City Kansas City State MO Zip Code 64153-

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2800

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

162.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

Full Name (Last, First, Middle Initial)

C. Embassy Suites

Mailing Address 7640 NW Tiffany Springs

City Kansas City State MO Zip Code 64153-

Purpose of Disbursement
LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2802

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

162.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express Shipping

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement
SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2803

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

13.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

B. Federal Express Shipping

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement
SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2804

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

17.48

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

C. Federal Express Shipping

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement
SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2805

Date of Disbursement

12 / 02 / 2006

Amount of Each Disbursement this Period

13.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SHIPPING CHARGES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 27

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Hy-Vee Foods

Mailing Address 1332 H 152 Highway

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 SYMPAHTY FLOWERS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2812

Date of Disbursement

11 / 13 / 2006

Amount of Each Disbursement this Period

56.90

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SYMPAHTY FLOWERS

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 8501 North Evanston Avenue

City State Zip Code
 Kansas City MO 64157-

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2799

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

53.73

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Price Chopper

Mailing Address 896 S. 291 Highway

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 SUPPLIES FOR EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2806

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

20.54

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SUPPLIES FOR EVENT

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Price Chopper

Mailing Address 896 S. 291 Highway

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 CLEANING SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.18

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

B. Quik Trip #151

Mailing Address 655 South 291 Highway

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.69

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

C. Target

Mailing Address 8420 N. Madison

City State Zip Code
 Kansas City MO 64155-

Purpose of Disbursement
 EVENT SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.06

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. The Dish Famous Stuffed Pizza

Mailing Address Hwy 291

City
Liberty

State
MO

Zip Code
64068-

Purpose of Disbursement
LUNCH MEETING W/ CONSTITUENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2817

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.42

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LUNCH MEETING W/ CO-
NSTITUENT

Full Name (Last, First, Middle Initial)

B. US House Members Dining

Mailing Address Longworth HOB

City
Washington

State
DC

Zip Code
20515-

Purpose of Disbursement
GIFT FOR CONSTITUENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GIFT FOR CONSTITUENT

Full Name (Last, First, Middle Initial)

C. Y Liquor

Mailing Address 346 S. State Route 291

City
Liberty

State
MO

Zip Code
64068-

Purpose of Disbursement
FOOD/BEVERAGE FOR EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1531.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FOOD/BEVERAGE FOR
EVENT

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Julie, T. Becker

Mailing Address 4734 Oak Street, Apt. 1216

City Kansas City State MO Zip Code 64108-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2832

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

B. Amber Van Meter

Mailing Address 1206 W. Maple Ave. #3

City Independence State MO Zip Code 64050-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

C. Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional)

6050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement
POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2837

Date of Disbursement

12 / 29 / 2006

Amount of Each Disbursement this Period

927.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-
IES

Full Name (Last, First, Middle Initial)

B. UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2823

Date of Disbursement

12 / 27 / 2006

Amount of Each Disbursement this Period

68.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement
PAYROLL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2831

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

871.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

1867.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

B. UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2743

Date of Disbursement

/ /

Amount of Each Disbursement this Period

542.26

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement
MEMBERS DUE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2748

Date of Disbursement

/ /

Amount of Each Disbursement this Period

163.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEMBERS DUE

SUBTOTAL of Disbursements This Page (optional)

3042.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Y Liquor

Mailing Address 346 S. State Route 291

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 FOOD/BEVERAGE FOR EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

198.58

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FOOD/BEVERAGE FOR
 EVENT

Full Name (Last, First, Middle Initial)

B. Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City State Zip Code
 Kansas City MO 64155-

Purpose of Disbursement
 SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2833

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

C. UMB Visa

Mailing Address 1010 Grand Blvd.

City State Zip Code
 Kansas City MO 64106-

Purpose of Disbursement
 CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2750

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2638.79

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

5288.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Graves for Congress

Full Name (Last, First, Middle Initial)

A. Aladin Storage

Mailing Address 701 North 291 Highway

City State Zip Code
Liberty MO 64068-

Purpose of Disbursement
STORAGE RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: STORAGE RENTAL

Full Name (Last, First, Middle Initial)

B. Amoco Oil

Mailing Address 1137 West 152 Highway

City State Zip Code
Liberty MO 64068-

Purpose of Disbursement
GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2754

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

C. Amoco Oil

Mailing Address 1137 West 152 Highway

City State Zip Code
Liberty MO 64068-

Purpose of Disbursement
GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Barry Point 66

Mailing Address 9795 NE Barry Road

City Kansas City State MO Zip Code 64154-

Purpose of Disbursement
GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2779

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

18.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

B. Barry Point 66

Mailing Address 9795 NE Barry Road

City Kansas City State MO Zip Code 64154-

Purpose of Disbursement
GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2780

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

24.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

C. Conoco

Mailing Address 100 S. Forest

City Liberty State MO Zip Code 64068-

Purpose of Disbursement
GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2788

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

17.89

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Enterprise Rent-A-Car

Mailing Address 421 North 291 HWY

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2760

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

190.01

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAR RENTAL

Full Name (Last, First, Middle Initial)

B. Enterprise Rent-A-Car

Mailing Address 421 North 291 HWY

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 CAR RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2759

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

182.47

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAR RENTAL

Full Name (Last, First, Middle Initial)

C. Federal Express Shipping

Mailing Address PO Box 94515

City State Zip Code
 Palatine IL 60094-

Purpose of Disbursement
 SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2767

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

17.26

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SHIPPING CHARGES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Graves for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express Shipping

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement
SHIPPING CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2768

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

9.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

B. Hy-Vee Foods

Mailing Address 1332 H 152 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement
SYMPATHY FLOWERS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2763

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

59.81

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SYMPATHY FLOWERS

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2762

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

6.62

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Office Max

Mailing Address 3844 South Noland Road

City
Independence

State
MO

Zip Code
64055-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2761

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

10.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Pierponts

Mailing Address 30 W Pershing Rd

City
Kansas City

State
MO

Zip Code
64108-

Purpose of Disbursement
FUNDRAISING EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2782

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

393.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EVENT

Full Name (Last, First, Middle Initial)

C. Piropos

Mailing Address 1 West 1st Street

City
Kansas City

State
MO

Zip Code
64152-

Purpose of Disbursement
FUNDRAISING EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2764

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

575.71

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EVENT

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Quik Trip #151

Mailing Address 655 South 291 Highway

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.79

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

B. Quik Trip #151

Mailing Address 655 South 291 Highway

City State Zip Code
 Liberty MO 64068-

Purpose of Disbursement
 GAS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.93

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: GAS

Full Name (Last, First, Middle Initial)

C. Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City State Zip Code
 San Dimas CA 91773-

Purpose of Disbursement
 PAYROLL PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2826

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.01

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

PAYROLL PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)

83.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City
San Dimas

State
CA

Zip Code
91773-

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL PROCESSING FEE

Full Name (Last, First, Middle Initial)

B. Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City
San Dimas

State
CA

Zip Code
91773-

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70117.E2830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)

93.00

TOTAL This Period (last page this line number only)

19851.42

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Nace for Mayor

Mailing Address 2345 Grand Blvd, Ste. 200

City State Zip Code
Kansas City MO 64108-

Purpose of Disbursement
CONTRIBUTION TO CANDIDATE COMMITTEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E2825

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	6

Amount of Each Disbursement this Period

1275.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Contribution to Candidate
Committee

SUBTOTAL of Disbursements This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

1275.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Graves for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Boyles Motors, Inc.Nature of Debt (Purpose):
Vehicle Lease

Mailing Address 204 N. Market Street

City State ZIP Code
Maryville MO 64468-

Outstanding Balance Beginning This Period

500.00

Transaction ID: LS60802.E42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kwrt-am/kwrt-fmNature of Debt (Purpose):
Radio Advertising

Mailing Address 1600 Radio Hill Road

City State ZIP Code
Boonville MO 65233-

Outstanding Balance Beginning This Period

857.65

Transaction ID: LS60802.E45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Willard DowdenNature of Debt (Purpose):
Rent for Nodaway Co. Repu-
bican Com

Mailing Address Route 1, Box 116

City State ZIP Code
Burlington Junction MO 64428-

Outstanding Balance Beginning This Period

200.00

Transaction ID: LS60802.E46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) SUBTOTALS This Period This Page (optional).....

1557.65

2) TOTALS This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 / 27

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Missouri Right to Life PAC

Nature of Debt (Purpose):
Membership Labels

Mailing Address P.O. Box 651

City	State	ZIP Code
Jefferson City	MO	65102-

Outstanding Balance Beginning This Period

1087.00

Transaction ID: LS60802.E49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

1) SUBTOTALS This Period This Page (optional).....

1087.00

2) TOTALS This Period (last page this line number only).....

2644.65

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)